

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



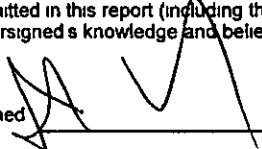
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 14013	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name JOHN N MONGELLO  P O Box Bldg Room No if any  Street 325 73RD STREET  City BROOKLYN  State New York ZIP Code + 4 11209	4 Name file number and address of labor organization Name LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES  Labor Organization File Number 540-574  P O Box Building and Room Number if any  Street 325 73RD STREET  City BROOKLYN  State New York ZIP Code + 4 11209
5 Position in labor organization SECRETARY/TREASURER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 3-30-06	718-238-2399
	Date	Telephone Number

Name of Person Filing JOHN MONGELLO	File Number U 14013
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name LIFE BENEFIT PLAN

Trade Name if any

P O Box Bldg Room No if any

Street 325 73RD STREET

City BROOKLYN

State New York ZIP Code + 4 11209

**9 Business deals with**

a Labor Organization

☒ b Trust

c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name LIFE BENEFIT PLAN

Trade Name if any

P O Box Bldg Room No if any

Street 325 73RD STREET

City BROOKLYN

State New York ZIP Code + 4 11209

**11 a Nature of such dealing**

UNION IS THE COLLECTIVE BARGAINING AGENT FOR THE PARTICIPANTS IN THE WELFARE FUND JOHN MONGELLO IS BOTH A TRUSTEE AND THE FUND ADMINISTRATOR OF THE WELFARE FUND

**11 b Approximate dollar value of such dealing** \$0

**12 a Nature of interest held or income received**

VARIOUS MEETINGS WITH TRUSTEES PROFESSIONALS AND CONSULTANTS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND

**12 b Amount** \$1 539

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment**

**13 b Is the Business an Employer or Consultant ?**

**14 b Amount of payment**

Name of Person Filing JOHN MONGELLO

File Number U 14013

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name LIFE BENEFIT PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 325 73RD STREET</p> <p>City BROOKLYN</p> <p>State New York ZIP Code + 4 11209</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name LIFE BENEFIT PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 325 73RD STREET</p> <p>City BROOKLYN</p> <p>State New York ZIP Code + 4 11209</p>	<p>11 a Nature of such dealing</p> <p>UNION IS THE COLLECTIVE BARGAINING AGENT FOR THE PARTICIPANTS IN THE WELFARE FUND JOHN MONGELLO IS BOTH A TRUSTEE AND THE FUND ADMINISTRATOR OF THE WELFARE FUND</p>
	<p>11 b Approximate dollar value of such dealing \$0</p>
	<p>12 a Nature of interest held or income received</p> <p>REIMBURSEMENT FOR ATTENDANCE AT AN EDUCATIONAL CONFERENCE IN ACCORDANCE WITH MY RESPONSIBILITIES AS TRUSTEE AND FUND ADMINISTRATOR OF THE WELFARE FUND RECEIVED CERTIFICATES UPON COMPLETION OF CONFERENCES</p> <p>12 b Amount \$2 696</p>